

Department of Regulation & Licensing

State of Wisconsin

(608) 266-2112

TTY# (608) 267-2416] hearing or speech

TRS# 1-800-947-3529] impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: dorl@drl.state.wi.us

Website: <http://www.drl.state.wi.us/>

FAX #: (608) 267-3816

BUREAU OF BUSINESS AND DESIGN PROFESSIONS

AFFIDAVIT OF APPRAISAL EXPERIENCE

Information requested is required for processing.

PLEASE TYPE OR PRINT IN INK

I, duly sworn under oath, state that the work listed on my Appraisal Experience Roster (Form #2106) is my own, that I personally performed the appraisals listed, and the work claimed is in compliance with the Uniform Standards of Professional Appraisal Practice (USPAP), as in effect at the time the appraisals were prepared. I certify that the following hours claimed are accurate and verifiable.

_____ **NUMBER** of Residential Hours

_____ **NUMBER** of General Hours

_____ **Total Number of Hours***

Applicants For Licensed and
Certified Residential Appraiser
credentials may not include more
than 25% commercial experience.

* Effective 2/1/99 no more than 20% of the hours which were obtained from the performance of limited appraisals in which the departure provision of USPAP was invoked may be included. (Chapter RL 83.01(3)(a), Wis. Admin. Code.)

I understand that the department may request additional information which the department deems necessary to evaluate this experience, and that any falsification of information may result in denial of certification or licensure (refer to sec. 458.26(3)(a) and sec. 946.32, Stats.).

Name of Applicant: _____
(Please Print)

Signature of Applicant: _____ Date: _____

NOTARY PUBLIC:

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public _____ My Commissions Expires: _____

Department of Regulation & Licensing

State of Wisconsin

(608) 266-2112

TTY# (608) 267-2416 -hearing or speech

TRS# 1-800-947-3529 -impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: dorl@drl.state.wi.us

Website: <http://www.drl.state.wi.us/>

FAX #: (608) 267-3816

REAL ESTATE APPRAISERS

APPRAISAL EXPERIENCE ROSTER

Information requested is required for processing.

List appraisals for which experience credit is requested. The appraisals are to be identified by appraisal type and coded as **R for Residential** or **C for Commercial**.

As directed by the Federal Appraisal Subcommittee, we are requiring all applicants for a real estate appraiser credential to provide verification that the experience claimed is in compliance with the Uniform Standards of Professional Appraisal Practice (USPAP), as in effect at the time the appraisals were prepared [see RL 83.01(3)(a), Wis. Admin. Code]. From the information below, we will request full copies of several appraisals for evaluation.

DUPLICATE THIS FORM BEFORE COMPLETING. SUBMIT A SEPARATE FORM FOR EACH CALENDAR YEAR IN WHICH EXPERIENCE WAS ACQUIRED.

SEE REVERSE SIDE OF THIS FORM FOR A SAMPLE AND AN EXPLANATION OF THE COLUMNS.

YEAR: _____

COMPLETE ADDRESS OF PROPERTY	DATE APPRAISAL SIGNED	APPRAISAL CODE (R OR C)	PROPERTY TYPE CODE	TYPE OF REPORT F (FORM) N (NARRATIVE)	USPAP STANDARD(S) USED	APPROACH TO VALUE S C I	RECONCILIATION (Y OR N)	EXPERIENCE HOURS CLAIMED	Departure Provision (Y or N)

TOTAL HOURS FOR PAGE:

RESIDENTIAL _____

COMMERCIAL _____

Did anyone contribute professional assistance in the performance of the appraisal(s) noted above? ☐ Yes ☐ No
If yes, please attach sheet to identify which appraisal(s) and the name(s) of the individual.

State of Wisconsin Department of Regulation & Licensing

SAMPLE ONLY

COMPLETE ADDRESS OF PROPERTY	DATE APPRAISAL SIGNED	APPRAISAL CODE (R OR C)	PROPERTY TYPE CODE	TYPE OF REPORT F (FORM) N (NARRATIVE)	USPAP STANDARD(S) USED	APPROACH TO VALUE S C I			RECONCILIATION (Y OR N)	EXPERIENCE HOURS CLAIMED	Departure Provision (Y or N)
EXAMPLE: 123 Main St. Any town, USA	8/1/89	R	1	F	1989 USPAP 1 and 2	✓	✓		Y	10 hrs	N

Explanation of Columns:

- **COMPLETE ADDRESS OF PROPERTY:** List the street, city, and state of the property
- **DATE APPRAISAL SIGNED:** Month, Day, Year
- **APPRAISAL CODE:** R = residential; C = commercial
- **PROPERTY TYPE CODE:** Identify the property appraised by the following code:

Residential Category:

1. Single-Family
2. Multi-Family (2-4 units)
3. Vacant Land (1-4 unit residential)
4. Complex Residential*

Commercial Category:

5. Vacant Land
6. Agriculture
7. Multi-Family (5-16)
8. Multi-Family (17+)
9. Commercial Single-Tenancy*
10. Commercial Multi-Tenancy*
11. Industrial*
12. Institutional *

*Definitions of Types of Property Appraised:

- **Complex Residential Property:** Includes 1-4 unit residential property that is not typical for the market location or conditions, the appraisal of which presents an irregular, unusual or complicated problem. May include condominiums, cooperatives, mobile homes, townhouses, etc.
- **Multi-Family:** Apartments, condominium projects, and mobile home parks. NOTE: There are two separate categories of multi-family appraisals: (5-16 units) & (over 16 units)
- **Commercial Single-Tenant:** Office building, retail store, restaurant, service station, bank, day-care center, etc.
- **Commercial Multi-Tenant:** Office building, shopping center, hotel, etc.
- **Industrial:** Manufacturing plant, warehouse, etc.
- **Institutional:** Nursing home, hospital, school, church, government building, etc.

- **TYPE OF REPORT COMPLETED:** Form (F) or Narrative (N).
- **USPAP STANDARD(S) APPLIED:** Identify the USPAP standard(s) applied (i.e. USPAP 1992 Standards 5 & 6).
- **APPROACH TO VALUE:** Please indicate the approach used: Sales Comparison (S); Cost (C); Income (I).
- **RECONCILIATION:** For each appraisal, please indicate Yes (Y) or No (N) if reconciliation was performed.
- **EXPERIENCE HOURS CLAIMED:** Record the number of hours spent in performing appraisal tasks for the specific property listed.
- **DEPARTURE PROVISION:** Effective 2/1/99, no more than 20% of experience claimed may be from the performance of appraisals in which the departure provision from USPAP was invoked.